

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination - See Part 5
 Date of termination
11 / 23 / 2020

20w
018417

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

DEC 07 2020

CALIFORNIA FORM 410
LOS ANGELES COUNTY
2021 JAN 14 PM 3:10
CAMPAIGN FINANCE

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number <u>1430454</u> NAME OF COMMITTEE COMMITTEE TO ELECT JANET E ROCK TO LITTLE LAKE BOARD 2020	NAME OF TREASURER STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE <u>Pullerton CA 92835 562.480.4741</u>
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE <u>Santa Fe Springs CA 90670 562.412.1669</u>	NAME OF ASSISTANT TREASURER, IF ANY STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE <u>Santa Fe Springs CA 90670 562.414.3592</u>
FULL MAILING ADDRESS (IF DIFFERENT) E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>jrockmom1950@gmail.com</u>	NAME OF PRINCIPAL OFFICER(S) STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE <u>Santa Fe Springs CA 90670 562.412.1669</u>
COUNTY OF DOMICILE <u>Los Angeles</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Little Lake CSD</u>
Attach additional information on appropriately labeled continuation sheets.	

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/23/2020 By [Signature]
 Executed on 11/23/2020 By [Signature]
 Executed on 11/23/2020 By [Signature]
 Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

